No.

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE White White MARRIED, MARRIED, MIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH December (Month) (Day) (Year) 7 AGE If LESS that I day how	
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIDOWED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 10 (Month) (Day) (Year) 7 AGE 1 If LESS tha 1 day hr 1 day hr 2 yrs. 10 mos. 17 ds. or min. 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
PERSONAL AND STATISTICAL PARTICULARS 3 SEX	ish
4 COLOR OR RACE MARRIED, Married OR DIVORCED (Write the word) 6 DATE OF BIRTH Comments of Month (Day) (Year) 7 AGE 10 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	ari
MARRIED, Married Wildowed, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS tha I day hrow hrow here will be a second or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
(Month) (Day) (Year) 7 AGE 2 9 yrs. 10 mos. 1 ds. or min. 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	16
(Month) (Day) (Year) 7 AGE 2 9 yrs. 10 mos. 1 ds. or min. 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE	17
29 yrs. 10 mos. 17 ds. or min. 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE	the
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE	s. Th
11 1 1 1 1 1 1 1 1 1 1	
10 NAME OF FATHER West Manual	(Sig
FATHER II BIRTHPLACE OF FATHER Z (State or country) I2 MAIDEN NAME OF MOTHER OF MOTHER	-
of Mother Marie Munio	1B
13 BIRTHPLACE OF MOTHER (State or Country)	At of Wh
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if
(Informant) Sanitarium Jecordo	For usu
(Address) Jakoma Park, Md.	- 6
Filed Oct 26 1931 & E. Logues Registrar	20

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22

hington Santanton Ward	(If death occurred In a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	26,1931
(Month)	(Day) (Year)
17 Act 23 1831 to	tended the deceased from
that I last saw h & alive on @	cf 26 , 1931.
and that death occurred on the date state	d above, atm,
The CAUSE OF DEATH * was as follows:	1
acuto Hom.	Mephritis:
(Durstion)	State 3-6 who.
Contributory Souchs	mumania.
(Signed) Joward.	Those de.
(Signed) 193 / (Address) / Ak	ma Purke ma
*State the Disesse Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	
1B LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
At place of death yrs mos. Ads. Str	e steds,
Where was disease contracted, al Home	
Former or usual residence Mashanatan	0.0
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed. first line will be sufficient, e.g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; for malignant neoplasms); ChronicExample: Measles (disease etc. The contributory affection need not be valvular heart Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis NOV 9 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 PLACE OF DEATH 120'	STATE OF MARYLAND
County Monta	CERTIFICATE OF DEATH
County	Registration Dist. No. 2/8
Village or City Gaithurling (No. Me 2FULL NAME Anna & Beau	Howeless Hosen Ward) (If death occurred in a hospit it or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White SSINGLE, MARRIED, Widowed OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h 1 alive on Och 25 , 1923 ,
7 AGE If LESS than day hrs. ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	acute Cardia dilitati in
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory & Contributory of left of light for front on the form of the form
(State or country) 10 NAME OF FATHER Shu Woolf	Fractive of hip due to accidental fall, 3 with a dis. (Signed) (Signed) M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER May & Wey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place / yrs // mos 26 ds. In the State / yrs // mos 26 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) & Mellistagione for a (Address)	Justingly of Burial Or REMOVAL DATE OF BURIAL Hauthersburg ml Oct 18, 19 3.1.
15 Filed Def 27 1931 (Machel Ware Stelling	20 UNDERTAKER Sortus Soithorsburg
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of nature of the business or industry, and therefore an additional line is provided for the latter statement; it er," etc., without more precise specification as Day en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Gracery; material Never return "Laborer," "Foreman," "Manager," "Deal-Farm laborer. Laborer-Coal mine, etc. Womhousehold only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Houseor At Home, and children, not gainfully employed, as At school, or At home. Cure should be taken Housemaid, etc. If the occupation has been changed state occupation at beginning of illness. If retired from cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-For many occupations a single word or term on Locomolive engineer, etc. But in many worked on may form part of the second statement. to report specifically, the occupations of persons enor given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus; Farmer (re-For persons who have no occupation Statement of Occupation-Precise statement of ocgaged in dome-tic service for wages, as Servant, Cook, (b) Automobile factory. The Malionary fireman, Architect, Physician, Compositor, whatever, write None. Civil engineer, (a) Foreman, ifrs). laborer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Brond sent a ("Pneumonia");

"Inanition," "Marasmus, our a definite disease "Uraemia," "Weakness," etc., when a definite disease Carcinoma, Sarcoma, etc., of etc. The contributory. (secondar, or intercurrent) affection need not be can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. carbolic acid-probably suicide. The n. ture of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), State cause for which surgical operation was undertaken. For violent deaths state means of injury accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Moreomic," "Old Are," "Chol. Examples: Accidental drowning; Struck by railway train-Nomenclature stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Whooping cough; Chronic valvular heart approved by Committee on American Medical Association.) nephritis, interstitial Chronic

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

W. ... ż

PLACE OF DEATH	STATE OF MARYLAND
County Montgomery	CERTIFICATE OF DEATH
J. 1 . 10	Registration Dist. No. 2//
Village or City W. Olazellesolle (No.	St.: Ward) (If death occurred i
2 FULL NAME Charles The Kend	ree Biggus stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED WIDOWEB. OR DIVORGED (Write the word)	16 DATE OF DEATH Oct. 18 , 1931
S DATE OF BIRTH	(Month) (Day) (Year)
Nov. 30 1930	
(Month) (Day) (Year)	that I last saw hom alive on would for 192
7 AGE [If LESS than	and that death occurred on the date stated above, at 830 h n
18 I dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. /O mos. /O ds. or min.?	angenown to me - any dies
(a) Trade, profession or Nove	Sather Suddenly - Bouglo had
particular kind of work	been free - I was told. From histor
business, or establishment in	probably heast disease. (Duration) yre mos do
which employed or (employer)	Contributory
State or country)	Secondary
10 NAME OF	(Duration) yrsdi
FATHER Culus Diagues	(Signed) M. D.
11 BIRTHPLACE	(Address) Denagelle, M.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER The	At place of death, yrs. mos. ds. ln the State yrs. mos. ds.
(State or country)	Where was disease contracted, if not at place of dea.h?
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant Kufus / 3 19gus	usual residence
(Address) R. D. Morbovia nd	Poplar Spring Cm. J. Oct. 20, 193.
Filed Oct, 20 1921 Della W. Beal	20 UNDERTAKER ADDRESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

40000

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Cure should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a or At Home, and children, Form laborer, without more precise specification as Day For persons who have no occupation Loborer-Coal mine, etc. single word or term on not gainfully em-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtherio avoid use of "Croup"); Typhoid fever 'never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," Whooping cough; approved by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitiol nephritis, Committee on Chronic Corcinomo, Sarcoma, etc., of valvular heart discose; etc. The Nomendature contributory (disease

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2) EXACTL.
ily classif (If death occurred in a hospital or institu-Ward) tion, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED WIDOWED. OR DIVORCED Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at . I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE *State the Disease Causing Death or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State.....yrs.....mos..... of death ... (State or Country) Where was disease contracted, if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence. (Informant) Every it CIANS stateme BURIAL OR REMOVAL mote branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

DATE OF BURIA

BINDING RESERVED MARGIN

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, Civil engineer, whatever, write None. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary freman, etc. But iu many (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County Manta frien	CERTIFICATE OF DEATH
	Registration Dist. No. 2/4
Village or City Toust glen . (No.	St.: Ward) (if death occurred in a hospital or institu-
2FULL NAME My Montgo	mery (From stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 10 13., 192
6 DATE OF BIRTH (Month) (Day) (Year)	17 J HEREBY CERTIFY, That I attended the deceased from 2 5 197/ to 3 197/ that I last saw harmalive on 13 13 1
	and that death occurred on the date stated above, at
66 7 yrs. mos. // ds. or min.?	
B OCCUPATION A	In Nea Murandites Valvalar
(a) Trade, profession or particular kind of work	Detash.
(b) General nature of industry business, or establishment in	7
which employed or (employer)	(Durstion) yrs
9 BIRTHPLACE (State or country) Monty County Mes	Contributory Secondary (Duration) yrs mos de
10 NAME OF Edward. Brown,	(Signed) State Mary Sure Taken of Sure
of FATHER Crime george Country Smith.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER whealing Motton	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Noutgenery Funty Med.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Metty Barbee	Former or usual residence
(Informant) (Informant) (Informant) (Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Frest gran, 100	Washington De Oll 13, 1931
15 Filed Oct 13 1931 5 5 Nously 8	The C I Have A Wash All
Weytry (Registrar	or, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more blanks are needed, address State Registra	ir, to m. Daratoga Di., Daito., Requesting v. D. 110. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "(Exhaustion," "Heart failure," Haemorrnage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of lcianus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ChronicExample: Measles (disease ," "Coma," "Convulsions, etc. The contributory affection need not be valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH infor 1. PLACE OF DEATH Manuelry plnous Registration Dist. No. (If death occurred in a hospital or justifution, give its NAME instead of street and number) Length of residence in city or town where death occurred _______wrs._____mos. ds. How long in U. S. if of foreign birth? ______yrs. _____mos.____ PHYSICIAN 2. FULL NAME St.. Ware If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Colored (Month) BINDING 5e, If merried, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 19 / deeth is said certificate. 6. DATE OF BIRTH (month, dev. and year) 7. AGE proper Days If LESS than to have occurred on the date stated shove, et 7 FOR 1 dev. hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance SI or____ min. Date of onset 8. Trede, profession, or particular THIS PATION RESERVED be kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. of back may Industry or business in which pinous work wes done, es SILK MILL, SAW MILL, BANK, etc. O Deta deceased last worked et 11. Total time (yeers) this occupation (month end spent in this instructions occupation Other Contributory Causes of Importance MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town). Neme of operation. plain (State or country) Whet test confirmed diegnosis? 200 be carefully __ Was there en autopsy?____ MOTHER very important. 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city er town' (Stete or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. should OF (Address) Manner of Injury -WRITE CAUSE mation LION Neture of injury 24. Wes disease or injury In any wey releted to occupation of deceesed? 19. UNDERTAKER Š. (Address) If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

œ ż (Informant

	12094	
1PLACE OF DEATH		STATE OF MARYLAND
County Monlgomery	(92)	CERTIFICATE OF DEATH
		Registration Dist. No. 2//
Village or City Sun (No	Buddle	St.: Ward) (If death occurred in a hospit I or institu- tion, give its NAME i - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED WIDOWEL WIDOWEL OR DIVORCED (Write the word)	16 DATE OF DEATH	Wet. 5 , 1931
6 DATE OF BIRTH	17 I HEREB	Y CERTIFY, That Lattended the deceased from
June 3 1867	march 2	0 193 .00 00 6 ,131
(Month) (Day) (Year)	that [last saw h	alive on 001 4 , 193/,
FOCCUPATION The property of t		arred on the date stated above, at 7 a m. ATH * was as follows: Altabation of heart
(a) Trade, profession or particular kind of work		
(b) General nature of industry business, or establishment in which employed or (employer)		(Duration) a gen seconds.
9 BIRTHPLACE (State or country) Md.	Contributory Secondary	Duration vis mos. ds.
10 NAME OF John M. King	(Signed) Jesus	M. Boyer M. D. (Address) Danaseus ma
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the I Violent Causes, s Accidental, Suicidal	Disease Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether
of MOTHER any 6. Brewer	18 LENGTH OF RI	ESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) M.J.	At place	mos. ds. State yrs. mos. ds.

if not at place of dea.h? Former or

usual residence

BURIAL OR REMOVAL 19 PL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

Spinner, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary freman, etc. But in many For persons who have no occupation Locomolive cngincer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need use of "Tumor" inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menteignus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease Whooping cough; approved by Committee on American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms) ;: Measles; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature not be

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PLACE OF DEATH	STATE OF MARYLAND
County Money	CERTIFICATE OF DEATH Registration Dist. No. 2/6
Village or City Tachersby (No.	Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
2FULL NAME &CCCCO /N. CCAOGO	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OF RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 3 , 193
6 DATE OF BIRTH Aug 28, 1931	17 I HEREBY CERTIFY, That I attended the deceased from 10-29-3/52 to 10-3/, 192
(Month) (Day) (Year)	that I last saw h Walive on 192
7 AGE III LESS than I day hrs.	and that death occurred on the date stated above, atm
8 yrs. 2 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Oles Colelis
(a) Trade, profession or Mone	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrsmosds
9 BIRTHPLACE	Contributory 400
(State or country)	(Durstion) Vrs. A. Toosde
10 NAME OF CARSON Practice	(Signed) 5 Pauly W. Bally M. D
M II BIRTHPLACE .	1/4/-3/192 (Address) 4/04/14/15/16
CState or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER TRADISICIANALI	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place O yrs 2 mos 3 ds. In the State U yrs 2 mos 3 ds.
(State or Country)	Where was disease contracted, Sauce
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or Sauce
(Address) Washington There	Brook Trouble 11-2-, 19
15 Filed Now 1 1981 Packet Wan Eller	RN Barber - Lay bourelle,
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. Howsemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Chronic interstitial nephritis, Whooping Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid cough; Chronic valvular heart etc. The contributory

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BINDING

FOR

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-20
County Mortta.	Registration Dist. No. 2/6
Village or City Bithescloe	No. 4639 Months and St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lucinda Dacy.	
(a) Residence: No. Bethesda md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Stober (Day) (193 (Yaar)
5a. If married, widowed, or divorced Junotly J. Dacy (or) WIFE of Widowed	22. HEREBY CERTIFY That I attended deceased from
6 DATE OF BIRTH (month day and year) July 16, 1845	I last saw h. Valive on Oct 16, 1931; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
86 4 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Chrome valuday hear
SAWYER, BOOKKEEPER, etc.	historial
work was done, as SILK MILL, SAW MILL, BANK, etc.	Chrone myocaralls
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and year) occupation	1
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) // Land.	Cotonary mronvous Sev 13
II 13. NAME I'M Ross.	1/
13. NAME IN M. Cocy. 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Mass	What test confirmed diagnosis? Was there an autopsy!
15. MAIDEN NAME Meil Donelley.	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of Injury, 19
≥ (State or country)	Whera did injury occur?
17. INFORMANT Lee, Ft. Dagry, (Address) Belheala Mil.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Woodstock Ill. Date Oct, 20, 193/	Manner of injury
19. UNDERTAKER Warnes Jumphrey (Address) Rockrille	Natura of Injury 24. Was disease or injury in any way related to occupation of deceasad?
20. FILED [D. L. 193] Deug C. Puru Registrati	(Signed) M. D. (Address) 543.7 Deur W. W. W.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	H	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	· July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1.

S. No.

OI DEAI	11	12	05.	
Registration Dis	st. No	21	5	
titution, give its NAME in				
if of foreign birth?	yrs	mo	sds.	
If nonresident giv		THE RESERVE THE PERSON	State	
CERTIFICATE C	DE DE	AIH		
Pot	17		202.8	
(Month)	(Day)		193 (Year)	
BY CERTIFY. That I attanded deceased from 190 to 10 17 193 to 17 193 to 17 193 to 17 193 to 18 194 to 18 1				
act 17	7	19-3/	death is seld	
etad ebove, at 3 P	m. of Importer	nce		
			Date of onset	
7 Lubs		A		
7 bulles	- out	paca		
mportenca;				
~~~				
			itopsy?	
causes (VIOL ENCE) fill in				
Dat	e of injury		, 19	
(Specify city or tov	wa, county , or la PU	and State	CE,	
y way related to occupatio				
1 Dys	on		, M. D.	
andortor	ull.	m	1	

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-3
Gallstones	Moy 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County

12098

PLACE OF DEATH

93-0

### STATE OF MARYLAND CERTIFICATE OF DEATH

......Ward)

Registration Dist. No. 211

Village or	City City	(No,,		St.;
		A .	011) 7	1
	2 FULL NAME AM	Kelania	he we	row

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

in went a	NIGUT	of street and number.]
TICULARS	MEDICAL CERTIFICATE	OF DEATH
CED	(Month	· · · · · · · · · · · · · · · · · · ·
Day) (Year) that and 1 day, hrs.	I last saw h 4 alive on the date:	1913/, 1913/, 1913/, 1913/, stated above, at P, m.
Onte	V	11 -
etroso (Signed)	Occordary  (Duration)  2 1 1913 f (Address)	Hershug "
OWLEDGE H not Former	RECENT RESIDENTS)  ce in the second s	s, institutions, Transients,  10  110,
0	Jana, My	DATE OF BURIAL  10-22 19131  ADDRESS IN
	CED (Ord)  16 DA  CED (Ord)  17  Continue  Con	(Month Cord)  17 I HEREBY CERTIFY, That I is  18 LESS than 1 day, hrs.  18 OR min.?  Contributory  Secondary  (Signed)  (Signe

27.

[Approved by U. S. Census and American Public Resith
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Luborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in At home. Care should be Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the misbasis causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphtheria (svoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia of lungs, menin-

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by roilway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. cause, Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Huemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," cho-pneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or misearriage as "Puerperal septichaemia," "Old Age," "Shock," "Uracmia," "Weakness, The nature of the injury, as fracture of skull, (secondary), 10 ds. "Dropsy," State cause for which Never "Exhaustion," report mere important.

If this certificate is looked over thoroughly and all questions this world in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ECORD. Every item of inforproperly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING CAUCE OF DEATH in aloin torms so that it may be N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46 14053
County monlgomery	Registration Dist. No. 2/3
Village or City Mr. Olochville	No. St., War
Length of residence in city or town whare death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Quisaid Quere	a glder
(a) Residence: No. (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH October 7 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Thet   attended deceased fro
6. DATE OF BIRTH (month, day, and year) Unknown 1861	
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at _3:29 ft.m.
about 70 ? ? 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Datovivino
SAWYER BOOKKEEPER etc	Carcinoma of Stomert July 1
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	Q
10. Date deceased last worked at this occupation (month and year) 1931   11. Total time (years) spent in this occupation 50 year	
12. BIRTHPLACE (city or town) Carroll Co	Other Contributory Causes of importance:
(State or country) manyland	
13. NAME Low teldh	
14. BIRTHPLACE (city or town) Unknown (State or country)	Neme of operation Dete of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martia Brown	23. If death was due to external causas (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city er town) Mahara days	Accident, suicide, or homicide?
(State or country) Maryland	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Pro. Rochwille mice	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Rochvelle	Manner of Injury
Place St. Marys Sem Date UN 7 19,31	Neture of Injury
19. UNDERTAKER My Peuben Tumpohicy (Address) Box April 6 Sect	24. Wes disease or injury in any way ralated to occupation of deceased?
20. FILED 10/9 , 131 ms. W. J. Pract-	(Signed) + I I montain M.  (Address) Landuck M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: •		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1	14000
PLACE OF DEATH	STATE OF MARYLAND
County Montgomeres	CERTIFICATE OF DEATH
County / Mary mary	CERTIFICATE OF DEATH
	Registration Dist. No.
Will Co. J. K. J. B. W.	To Carroll (se. St.: Ward) (If death occurred by
Village or City Vakina Jank (No.	a nospital of institu
340 · 1.10 ll 1	tion, give its NAME in stead of street and
2FULL NAME / unfeld Grant	Celly number.)
The second secon	A STATE OF THE PROPERTY OF THE
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, Sungle	Oct 8, 1931
male White OR DIVORCED (Write the word)	
6 DATE OF BIRTH	(Month) (Day) (Year)
A PAIR OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
Jet 15 , 1914	1929 to aclau, 1931,
(Month) (Day) (Year)	that I last saw h / M alive on ACT
7 AGE [If LESS tha	and that death occurred on the date stated above, at
1 day br	The CALISE OF DEATH & was as follows:
17 yrs. 7 mos. 22 ds. or min.	2) Ehlett: Caralle - 9+0+0m
8 OCCUPATION	guardine govor 2000 raiched gette
(a) Trade, profession or	striking deceased on head, sy monthe lefore epi-
particular kind of work Sludeut	" leptic symptoms appared.
(b) General nature of industry	
business, or éstablishment in which employed or (employer)	(Duration) yre, mos ds.
	Contributory Brand Tung Senigron
9 BIRTHPLACE (State or country)	Secondary
Tenna.	right side motor creat purgons of yes mos do.
10 NAME OF DOLE OF	15 May 1 Sotranoton MA
FATHER Ray N. Cellis	(Signed) M. D.
11 BIRTHPLACE	allen 1-1931 (Address) 113 - analy 1 shone (1)
	*State the Pissase Causing Death, et, in deaths from C Violent Causes, state (1) Means of Injury and (2) Whether
C (State or country) Maine	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME  OF MOTHER 4	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a sula vecchialoger	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des.h?
C & A	Former or
(Informant) Mrs W. St. Ellis	usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) /30 tearroff live.	Wash menon & Cash has Oct 100 21
(130,000)	Mast minoria vaccina de 1931
15 EN OU 10 1031 1 1 1 1 1 100 ev	20 UN DERTAKER ADDRESS
Registrar	JAD. Nevens grafa 11. I weeken
	Y
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs . For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only inot paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Julness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (a) Salesman. 6 Grocery,

Strtement of Cause of Death—Name, first, the disease of vuring death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Lightheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Theumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Meakness," etc., when a definite disease "Traemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Meusles (disease use of "Tumor" for malignant neoplasms); Measles ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of by Committee on Nomenclature of the cough; Chronic valoular heart disease; affection need not be etc. The contributory

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34	
Registration Dist. No. 2/2	
No.	
leath occurred in a hospital or institution, give its NAME instead of street and number)	
ds. How long In U.S. if of foreign birth?mosds.	
4	
St., Ward.  If nonresident give city or town and State	
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH  (Month)  (Day)  (Yoar)	
1 HEREBY CERTIFY. That I attended decessed from 191 to Oct 1 1921  I last saw h elive on Oct 1 20	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset	
Other Contributory Causes of importance:	
Name of operation Dete of What test confirmed diagnosis? Was there an autopsy	
23. If death was due to external causes (VIOLENCE) fill in also the following:	
Accident, suicide, or homicide?	
Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
Manner of injury	
24. Was disease or injury In any wey releted to occupation of deceased?  If so, specify (Signed) M. D.  (Address) M. D.  (Address Street, Baltimore, Requesting U. S. No. 1.	~

If more blanks are needed, address State Registrar, 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931 1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
STREAM	j 130.		
	N. Company		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ (If death occurred in Ward) a hospitai or institution, give its NAME in-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, OR DIVORCED (Month) .....(Day) That I attanded the deceas 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than and that death occurred on the data stated above, at 7 AGE The CAUSE OF DEATH * was as follows: ....min.? 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 1974 (Address) *State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAM KENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) 13 BIRTHPLACE OF MOTHER (State or Country) 00 Where was disease contracted, if not at place of death?...... MY KNOWLEDGE shoul 14 THE ABOVE (Informant) ACE OF BURIAL OR REMOVAL (Address ABDRESS 20 UNDERTAKE 15 Filed ( If more branks are naedad, address Stata Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

BINDIN

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons en-,, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation (b) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

". PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic Example: Measles (disease affection need etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

a.C. Elmore

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a Foreman, 6 yrs). For persons who have no occupation For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DE-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease;

If, this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Solcsman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day fact may be indicated who have no occupation for persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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permanently filed.

retanus) may be stated under the head of "contributory." Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; If this certificate is looked over thoroughly and all questions Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease; Nomenclature The contributory Always qualify all

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PLACE OF DEATH	95 STATE OF MARYLAND
County Mouldonley	CERTIFICATE OF DEATH
Village or City Takoma Park. Wa	Registration Dist. No. 223  A. Sau + Harfs. Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME NO Manue	( Dufant Hoyle ) number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  Oct. 1931  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192, 192, 192, 192, 192, 193, 193, 193, 193, 193, 193, 193, 193
7 AGE If LESS than	and that death occurred on the date stated above, at 12'.31 pm.
Stillhaus yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Takoma Park, md.	Contributory Secondary  (Duration) yrs
10 NAME OF FATHER UM. Linwood Hayle	(Signed) M. D.  193 (Address) AMARIA MANAGARI
OF FATHER (State or country) Dickerson md.  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER adelaide baceling Bumbae	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Bug Switnerland	At place In the State yrs mos. ds. State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) L. M. Guiffee	Former or usual residence
(Address) Taklama Parkay	Is permit Washing tous Law, 19 ton
15 Filed Out 5 1921 No. E. Kraves.	to dispose of Jadey - W Lowerd Hoyle h
If more blanks are needed, address State Registrat	, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., WILLUM Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foremon, (b) Automobile foctory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servont, Cools, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on without more precise specification as Doy -Cool mine, etc. Womnot gainfully em-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-"Uraemia, " "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart discose; Nomenclature of the not be

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer Farm lchorer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary freman, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serrant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "I cal-Spinner, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Forenum, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Salesman. (b) etc. Locomotive But in many engincer, m.:terial Grovery;

Statement of Cause of Death—Name, first, the DIS-FLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); yphoid fever (never report "Typhoid Pneumonia"); lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perdonaeum, etc., Carcinoma, Surcoma, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of carbolic acid—probably smeide. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," elc. diseases can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, merapproved by accident; Revolver would of head-homicide; Poisoned by Whooping Examples: Accidental drowning; Struck by railway train American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary resulting from childbirth or miscarriage cough; Committee on Nomenclature Chronic The nature of the injury, etc. valendar Always qualify all The "Haemorrhage, heart contributory disease;

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PLACE OF DEATH

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Sautaristin Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.) MEDICAL CERTIFICATE OF DEATH 2.2 (Day) 19.31 (Yea at death occurred on the date stated above, at tributory deaths from *State the Disease Causing Death, or, ln lent Causes, state (1) Means of Injury (2) Whether and GTH OF RESIDENCE (For Hospitals, Institutions, Transor Recent Residents) In the O yrs ___ mos. 20 de was disease contracted, at place of death? .... sidence CE OF BURIAL OR REMOVAL DERTAKER

If more blanks are needed, address Stato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) tired 6 yrs). definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cooh, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. Laborer--Coal mine, etc. Womnot gainfully em-Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic affection need valvular The contributory Always qualify all heart disease; not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-Ward) ea B. Isheru stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE J6 DATE OF DEATH MARRIED. BINDING WIDOWED. OR DIVORCED (Write the word) .....(Day) HEREBY CERTIFY. That I attended the decembed from 6 DATE OF BIRTH (Year) (Month) (Day) IIf LESS than 7 AGE and that death occurred on the data stated above, at The CAUSE OF BEATH * was as follows: I day _ hrs. RESERVED min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) 10 NAME OF II BIRTHPLACE OF FATHER Causing Death, or, in *State the Disease (2) Whether FNA Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) 00 Where was disease contracted, if not at place of death? 14 THE ABOVE IS TR ususl residence Every It CIANS stateme Registrar If more bianks are needed, address Stato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. (a) Foreman, (b) Automobile foctory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-;," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form loborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy ic. In account of the remains account of the remains at fact may be indicated thus; Farmount for persons who have no occupation Name. 9 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same-accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), Chronic valvular heart diseose; etc. The contributory

PLACE OF DEATH

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, applies to each and every person, irrespective of especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature Measles; disease; of the

PLACE OF DEATH County MMM	2100 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/4
Village or City Kensmyhrko.  2FULL NAME Robert H. X	St: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Och 16 , 1983 / (Month) (Day) (Year)
6 DATE OF BIRTH  OLE /O , 185.  (Month) (Day) (Year)	that I last saw hall alive on 192.
7 AGE  7 J yrs. 1 0 mos. 6 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs fram Myn.
9 BIRTHPLACE (State or country)	Contributory Secondary  Durajon) Thosds.
10 NAME OF FATHER Juny Kaiser	(Signed) W. A. Verro M. D. Oct / 6 198/ (Address) Russmy Br.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Itissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MUSIMME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?  Former or usual residence.
(Informant) Allies Rales (Address) Kuismyn	19 PDACE OF BURIAL OR REMOVAL DATE OF BURIAL DECK DE OCK 19, 133
Filed Oct 16 1931 ML Juine Registrar	20 UNDERTAKER Chambers Do ADDRESS  AT 16 W. Saratoga St., Balton Sequesting V. S. No. 1.

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should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Loborer—Cool minc, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs. For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Foremon, For many occupations a single word or term on (b) Cotton mill; (a) Solesman, (b) Automobile factory. The Stationary fireman, etc. But in many Locomolive engineer, (6) material Grocery;

EALE INVESTIGE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Exhaustion," "Heart failure, traemorrage, "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, felanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; " "Weakness," etc., when a definite disease or intercurrent) affection need not be for malignant neoplasms); Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy," etc. The contributory Measles;

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY Chronic interstitial nephritis, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronicetc. The contributory valvular heart not be disease;

1	County Nowlgomery	CERTIFICATE OF
		(158) Registration Dist. No
	Village or City Vallala (No.	St.: Ward) a los
	2FULL NAME Watte Fair	tion, s stead numb
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3
	6 DATE OF BIRTH	(Month) (Day)  17 I HEREBY CERTIFY, That I attended the
	10. 94 1931	athirt Oct 9: 7931
	(Month) (Day) (Year)	that I last saw has alive on Oct 124 19
	7 AGE     If LESS than	and that death occurred on the date stated above, a
	yrsmos. 2 2ds. ormin.?	The CAUSE OF DEATH * was as follows:
	a occupation (a) Trade, profession or	malnitule /
1	particular kind of work	
	(b) General nature of industry business, or establishment in	(Duration) yrs
Opport	which employed or (employer)	Contributory
	9 BIRTHPLACE (State or country) Westgrovers Co Md	Secondary (Duration)
	10 NAME OF FATHER	(Signed) Uploy Drown
	11 BIRTHPLACE	Oct 31/4 1934 (Address) Danie
	OF FATHER (State or country) Waryland	*State the I is ase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
	of MOTHER Ola. Warter	18 LENGTH OF RESIDENCE (For Hospitals, Ins
	13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds. State yrs
-	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	TA THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
	(Informant) Won Warlen	usual residence
-	(Address) R 7 0 # 3 Salter stung	Premises of Oct
	15 Filed Cod 31 1931 Upl D Novem Wal	Prouds (W? Lair) But
	If more banks are needed, address tate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

PLACE OF DEATH

12102

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH 31	, 192/
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I at	tended the deceased fro
alberta Oct 43	793) , 192
that I last saw her alive on Bet Li	24 193/ 192
and that death occurred on the date state	
The CAUSE OF DEATH * was as follows:	a above, at
	Mumosly
malustrile V	
	*.500.000.000.000.000.000.000.000.000.00
(Duration)	yrsmosd
Contributory	
(Signed) Uplon Dhou	
Oct 3/12 1984 (Address) Das	nouvellell
*State the I is ase Causing Death Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Tran
At place In the of deathyrsmosds.	e teyrsmos
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Danie	ah313
2011/2011/2011/2011	ADDRESS ()
20 ONE TO THE TOTAL OF THE PARTY OF THE PART	27840
WORDSHAN VU SKOIN	OTHEROLDERO

No. υŝ

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (o) Salesmon, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, For many occupations a without more precise specification as (b) Automobile factory. The material For persons who have no occupation single word or term on (6) Grocery; Doy

Streement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH_	12193 STATE OF MARYLAND
County Mel games	CERTIFICATE OF DEATH
	Registration Dist. No. 2/3
Village or City / avilah (No.	St.: Ward) (if death occurred in a hospitul or institu-
2FULL NAME / Weadore R. d.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lew SSINGLE, MARRIED, WIDOWED OR DIVORGED (Write the word)	16 DATE OF DEATH (Osl - 12", 193/
6 DATE OF BIRTH	(Month) (Day) (Year)   17   I HEREBY CERTIFY, That I attended the deceased forms
Cel - 9-, 1931	on Oct 9: 1931. to , 192 ,
(Month) (Day) (Year)	that I last saw h alive on Well 7 , 194,
7 AGE If LESS that I day hre	
yrs. mos. 2 ds. or min.	Brocks, preumonia
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	•
business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Quration) yrs
10 NAME OF Sillian Lair	(Signed) Walon D James M. D.
I BIRTHPLACE OF FATHER	(Address) Danson Man
Z (State or country) Maryland	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cla Wartie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER (State or Country)  Montg. Cy Md	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa.h?
(Informant) W Far	Former or usual residence
(Address) RFD # 3 Rock ville	Ou fecure 16 D. Jewer Cell 13, 1971
15 Filed Od. 12 1924 Uft I South had	Bull- M. Lair) Religi
If more banks are needed, address tate Kegistre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,");

tclanus) may be stated under the head of "contributory." American Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease ". Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc.; Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic valvular etc. The contributory Nomenclature of the heart disease;

PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of inforstated EXACTLY. WATH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be N. B.-WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12104
1. PLACE OF DEATH	95-6
County Musery Cornery	Registration Dist. No. 2
Village or City San by Spring	NDSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrsmosds.
2. FULL NAME Maurice Gerald Long	
(a) Residence: No. Sandy Skring	St., Ward.
(Visual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 1 1878	
7. AGE Years Months Days If LESS than	to have occurred on the date statad above, atm.
53 X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER. Ausident	Examina by me after
SAWYER, BDDKKEEPER, etc. TAUSTONNA THE Industry or business in which	drock fo post more
work was done, as SILK MILL, Purneer Laxendry Co.	enos Protes cente
O. Date deceased last worked at this occupation (month and spant in this	dilitation of heart
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Yolana (State or country)	
1 2 1 10	
E	Name of operation. Date of
14. BIRTHPLACE (city or town)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 1 gathrine Eastguall	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 19athrine Stutzguall  16. BIRTHPLACE (city or town) Ale Land	Accident, suicide, or homicide 2
(State of Commy)	Whera dld injury occur? (Specify city or town, county and State)
17. INFORMANT Mauricl Gerald Long Ju.	Specify whether injury occurred In TNOUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Nortalk, Vac Date Oct 2/ 193/	Manner of injury
Margan (Ch P) show	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER ALLUMAN ALLUMAN (Address) Pockselle	If so specify 1273.
20, FILED Oct 19, 1981 CSBarnsley	(Signad) Rang of M.D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:  Date of onset		Example II	
		The principal cause of death and related cause of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

IF 1	12195
PLACE OF DEATH	STATE OF MARYLAND
County Montgonely	CERTIFICATE OF DEATH
20000	Registration Dist. No. 2/4
Village or City (No. 7/)	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME () () (and ) (a	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH October 22, 1983 / (Month) (Day) (Year)
September 5, 1920	Detatu 20 1923 1 to October 2 2, 1923 /
(Month) (Day) (Year)  7 AGE (If LESS than	that I last saw ham alive on
7 AGE   If LESS than   1 day hrs.	and that death occurred on the date stated above, at . 202m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Pulmonary Tuberculosis
(b) General nature of industry	(acute Pneumonic)
business, or establishment in which employed or (employer)	(Durstion) yrs, mos ds.
9 BIRTHPLACE (State or country) Silve Haring Manufa (	Contributory Congenital Secondary (Congenital)
10 NAME OF FATHER THEAS Suites	(Signed) 7+ 7+ welet M.D.
OF FATHER  (State or country) West Virginia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Source C. From	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) I sed S. Sutes	Former or usual residence
(Address) 9/5 Thayer are Libething	Colsville, and 10,24, 1931
Filed Oct 2 3 1981 Follows Registers	The Dingeon Hash DC.
If more bianks are needed address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Duy laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory affection need not Nomenclature of the

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman. (h) Grocery.

(a) Foreman, (b) Automobile fuctory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in dome-tie service for wages, as Servant, Cook, Howsemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor. Foreman, For many yrs). For persons who have no occupation Stationary fireman, etc. occupations a single word or term on Architect, Locomotive engineer, But in many

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"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Agc," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carholic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on or intcreurrent) affection need not be Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart discuse; Nomenclature of the Mensles;

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MARGIN

PLACE OF DEATH Ward) EXAC y clas PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 16 DATE OF MARRIED may be n back WIDOWED. OR DIVORCED (Write the word) 17 I HEREBY CERTIFY. 6 DATE OF BIRTH That I attended the deceased ono CO (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry ā business, or establishment in China V. (Duration) which employed or (employer) Contributory 9 BIRTHPLACE mp Secondary (State or country) 4 OW 0 10 NAME OF FATHER 3 L sho E OI (Address) 11 BIRTHPLACE ENTS SOZ CAU (State or country) TIO 12 MAIDEN NAME 2 PA tate CUP/ ients or Recent Residents) CCU 13 BIRTHPLACE At place OF MOTHER of death (State or Country) 00 Where was disease contracted, of if not at place of death? BEST OF MY KNOWLEDGE sho Every item CIANS sho statement item Former or usual residence 20 UNDERTAKER Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the State. DATE OF BURIA

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, household only (not paid *Househecpers* who receive a definite salary), may be entered as *Housewife*, *House* er," etc., additional line is provided for the latter statement; is or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the Architect, Locomolive engineer, not gainfully em-(6) Grocery,

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> American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic ucid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on 'Congenital,' "Senile," etc., "Dropsy," "Heart failure," "Haemorrhage, for malignant neoplasms); Mcasles; Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the disease; not be

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Cia-1-	X ADMY PONK IN



### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Laxoma Park (No. Luashingto	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED.  WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  February 14, 1881  (Month) (Day) (Year)	16 DATE OF DEATH  Octobey  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  Sept 19 1921. to Oct 9, 1921.  that I last saw hamalive on Oct 9, 1923.
	and that death occurred on the date stated above, at 100 p.m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) COVEYMMENT SEXULE  BIRTHPLACE (State or country)  10 NAME OF FATHER CLEONGE A. McGOVEYM  11 BIRTHPLACE	(Danier) 201
OF FATHER  (State or country) England.  12 MAIDEN NAME OF MOTHER Minnie Cavanaugh  13 BIRTHPLACE OF MOTHER  (State or Country) Brookly m  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Sanitarium Recards	*State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos 2 O.ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
(Address) Taxama, Taxk, Md.  15 Filed Oct 9 1931 Her gard	St. Johns Cometing Sworkly n. J. Cet. 10, 1931 20 UNDERTAKER ADDRESS JA-N. J. CALNW.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Always qualify all disease;

instructions

important.

TIO

d state

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.)
MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH (Month) (Day) (Year)
that I last saw how choon Oct 17, 1921,
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
(Duration)yrsrnosds.
Contributory Secondary
(Signed) Leagl M. D. M. D. M. D. (Address) Daniel M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
Triendshis anchery Del 17, 1931
20 UNDERTAKER MIND AMANGER, ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative healthwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an tion applies to each and every whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed ployed, as first line will be sufficient, e.g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Form loborer, Loborer-(b) Cotton mill; (o) Salesmon. without more precise specification as Day At school, or At home. Care should be taken For persons who have no occupation person, irrespective of (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever** (the only definite synonym is ''Epidemic cerebrospinal meningitis''); *Diphtheria** (avoid use of ''Croup''); *Typhoid fever** (never report ''Typhoid Pneumonia''); *Lobor pneumonia, *Bronchopneumonia** (''Pneumonia, ''

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, peritonoeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic ocid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitud nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. tetanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature Recommendations on statement of cause of Never report mere symptoms or terminal condi-Chronic and consequences (e.g., sepsis, valvulor etc. The contributory Always qualify all heort 'disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed

6

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-6) For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia," Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury; accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis * 12 2 11 V. S	1921	Run over by strect car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A TATATION TO A T	CITO A CITO	TION	THE PARKET THE	CURRY A PRINCIPLE ATTENDED.	TAXE	TATESTON OF A ST
A I FI FETTURE IN A L.	SPACIE	BULL DIK	BULLISH BUR	STATEMENTS	LK Y	PHYSILIAN
TYTYTY	DI ZIUL	T. OTE	T. O. I.C. I. I. I. I.	DIALIMETATIO	3.7 J.	TITTOTOTATI

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ennature of the business or industry, and therefore an tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haenorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be inges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Chronic interstitial nephritis, etc. Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; Always qualify all The contributory

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted, term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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V. S. No. 1

N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12116	
1. PLACE OF DEATH	(210) m	
County Moula Grace Registration Dist. No. 213		
Village or City New Chumoul on	death decurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or lown where death occurred	ds. How long In U. S. if of foreign blrth?yrs,mosds.	
2. FULL NAME GUALL STUDE.		
(a) Residence: No. 14 Date Sh. W. VY	uss, malemard. De	
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended decoased from	
(or) WIFE of RobT J. July	19 , to , 19	
6. DATE OF BIRTH (month, day, and year) 7 1894	I last saw h alive on, 19; death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
31 4 8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	morning bruse and wat.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and		
year) occupation	Other Contributory Causes of importance:	
12. BIRTIIPLACE (city or town) (State or country)	Overfund automobile of	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Caybell & fleuring title	
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis? Was there en autopsy?	
15. MAIDEN NAME  16. BIRTHPLACE (city ar town).	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
5 16. BIRTHPLACE (city ar town)	Accident, suicide, or homicide 1	
(Stete or country)	Where did Injury occur? Old (Specify city or town, county and State)	
17. INFORMANT 10001 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.	
(Address) (1) Address 18. BURIAL, CREMATION OR REMOVAL	Manner of injury Durturned automobile	
Place Place 10-12-19-1	Nature of injury down lubaut ment	
19. UNDERTAKER Moruel & Purullica.	24. Was diseasa or injury In any way related to occupation of deceased?	
20. FILED 10/12 , 1931 Mis 24. I. Piace	(Signed) M. D. (Address)	
If more blanks are needed address State Revisivar	2411 N Charles Street Bellimore Requesting 71 S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 9 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BURRAU V. B.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 122-0 Registration Dist No. Village or City tion, give its NAME i. stead number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased (Month) that I last saw h Ass. alive on (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? & OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) Contributory ARGIN 9 BIRTHPLACE (State or country) .. (Duration) OB 10 NAME OF (Signed) LL. 0 193 (Address) 11 BIRTHPLACE FNE OF FATHER Disease Causing Death, or, in deaths (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 d 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transn.e ients or Recent Residents) 13 BIRTHPLACE O OF MOTHER (State or country) 00 Where was disease contracted. houl 14 THE ABOVE IS TRUE if not at place of dea b? THE BEST OF MY KNOWLEDGE (0) Every it CIANS stateme DATE OF BURIAL ACE OF BURIAL OR REMOVAL UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting Y. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc.. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Foreman, OF: For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womyrs . At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The Locomotive engineer, (6) materia Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, leturus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis." etc. diseases resulting from childbirth or miscarriage ean be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" inges, perdonocum, etc., Carcinoma, Sorcoma, etc., of unqualified, "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Caneer" is loss definite; avoid cough; is indefinite); Tuberculosis of lungs, menfor malignant neoplasms); Chronic ," "Coma," "Convulsions, affection need etc. The contributory valvulor heart Nomenclature Always qualify all Measles; disease; not be as

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4 1931

1 PLACE OF DEATH	12118
PLACE OF DEATH  County Months	STATE OF MARYLAND
a. County Monthly	CERTIFICATE OF DEATH
72	P Registration Dist No. 217.
OF Nillage or City alney (No. Mills	(If death occurred in a hospit or institu
2 FULL NAME Pauline Son	tion, give its NAME istend of street and
2FULL NAME Valling Son	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
O O O S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH
OR DIVORCED (Write the word)	(Month) (Day) (Year)
Z M OSE 6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
m d 5=0	193/.00/079/.193/
Month) (Day) (Year)	that I last saw h lalive on 192
If LESS that I dayhrs	
yrs. mos. Z ds. or min.	
Trade, profession or	assistantal, Olt by trans.
The state of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 3 ds
Z GTO 9 BIRTHPLACE 2/ / ) (	Contributory Miningles
State or country) West Da.	Secondary (Duration) yss. mos Z
V 5 5 6 7 7 4	(Signed) M. D.
Z JOB S S II BIRTHPLACE SWILL SMILL	192 (Address)
STOR I OF FATHER (State or country) West Va	*State the Disease Causing Death, or, in denths from Violent Causes, state (1) Means of Injury and (2) Whether
TOP E 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
i ton a with the title	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
(State or contained) (AMAM)	At place of deathrsmos3ds. In the Statede
	Where was disease contracted, Baillesley my
E EEE	Former or usual residence
(Informant) June 7	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Galthersburg Ind	Redland Md Uch 10, 1.31
Filed ( M-1 1913 M. Jakuster)	20 UNDERTAKER DADDRESS
Registrar	yw. sarver daylorearete
- If more Bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation -Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, household only (not paid Housekcepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Foreman, For mary yrs). man, (b) Automobile factory. The For persons who have no occupation Stationary fireman, etc. occupations a single word or term on Locomoline But in many (b) Grocery; material cugincer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erobrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary use of "Tumor" inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mon-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT BEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; or intercurrent) for malignant neoplasms); Chronic Example: Measles (disease etc. The contributory affection need valvular hearl Measles; disease; not be

PLACE OF DEATH	STATE OF MARYLAND
County Mong.	CERTIFICATE OF DEATH
Village or City Oler (No. evay to 7)	World Gran Hon Registration Dist. No. 211
2FULL NAME Ethel Ten	Ward)  (If death occurred a hospital our resident of instance of i
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color of RACE Single, MARRIED, WHOWED, OR SHORE (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year
Splender 3, 189	I HEREBY CERTIFY, That I attended the deceased f
7 AGE  35 yrs. / mos. / 7 ds. or mir	rs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION .	the day
(a) Trade, profession or particular kind of work  (b) General nature of industry	The state of the s
panicular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos 2
panicular kind of work  (b) General nature of industry business, or establishment in	Contributory Claste Cauthar Abilitation
panicular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts mos 2  Contributory Olisate Children distribution Secondary  (Duration) yts mos 1  (Signed) J. J. O. Land M.
panicular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)	Contributory Ollsste Children distribution  (Duration) yrs mos 2  (Duration) yrs mos 1
panicular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)	(Signed)  *State the Disease Causing Death, et, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place
panicular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 MAIDEN NAME OF MOTHER (State or country)  16 MOTHER (State or country)  17 MAIDEN NAME OF MOTHER (State or country)  18 MAIDEN NAME OF MOTHER (State or country)  19 MAIDEN NAME OF MOTHER (State or country)  10 NAME OF MOTHER (State or country)	(Signed)  *State the Disease Causing Death, et, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)
panicular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE (BEST OF MY KNOWLEDGE	(Signed)  *State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs nos de State yrs nos Where was disease contracted LLD DW Way to
panicular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 MAIDEN NAME OF MOTHER (State or country)  16 MOTHER (State or country)  17 MAIDEN NAME OF MOTHER (State or country)  18 MAIDEN NAME OF MOTHER (State or country)  19 MAIDEN NAME OF MOTHER (State or country)  10 NAME OF MOTHER (State or country)	(Signed)  *State the Disease Causing Death, et. In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Doy laborer, Farm laborer, Loborer—Cool mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Civil engineer, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on Stotionary fireman, etc. But in many

Streement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suncide. The nature of the injury, "Debility" ("Congenital," "Sewile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, accident; Revolver wound of head-homicide; Poismed by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; " "Marasmus, or intercurrent) Chronic and consequences (e. g., sepsis " "Old Age, " "Shock," etc. The contributory valvular heart disease; affection need not be

STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, F Registration Dist. No. (If death occurred in e hospitel er institution, give its NAME in-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE MARRIED. 99 may be WIDOWED OR DIVORCED -(Day) (Write the word) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Day) (Year) and that death occured on the date stoted above, other Hf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: terms mos. 8 OCCUPATION (a) Trade, profession or particular kind of work carefully plai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) impo 9 BIRTHPLACE EAT (State or country) hould OF DE 10 NAME OF 193 / (Address) / A. A. 11 BIRTHPLACE S FNA OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. WZ CAU TIOIT (State or country) 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER state CCUP/ ients or Recent Residents) Occu 13 BIRTHPLACE At place In the OF MOTHER (State or country) Item of I Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?.. Every item CIANS shot statement o Former or usual residence. ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; is sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nanc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS.
EASE CAUSING DEATH (the primary affection with respect
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"uphor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles enges, perilonacum, etc., Carcinoma, Sarcoma, (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "Weakness, Chronic ," etc., when a definite disease Example: Measles (disease affection need not be etc. valvulur heart disease; The contributory etc., of

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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE (**VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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	PLACE OF DEATH	12102 STATE OF MARYLAND
1	County Most gornery	CERTIFICATE OF DEATH
		Registration Dist. No. 223
9	Village or City Jakony Jark (No. 81	5 / lower Gwe Ward) (If death occurred in a hospital or institution, give its NAME in-
timos	2FULL NAME alice May	Marien stead of street and number.)
cel	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ac y	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH O. 18, 1931
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
מ	No-v 5, 1895	OA. 11 193/ 10 OA. 18 ,193/,
0	(Moath) (Day) (Year)	that I last saw he alive on Of 192
2	7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at
20	55 yrs. // mos. / 3 ds. or min.?	The CAUSE OF BEATH * Was as follows:
900	8 OCCUPATION (a) Trade, profession or particular kind of work	aul Villalias of hears
4	(b) General nature of industry business, or establishment in	7.
Lia	which employed or (employer)	(Durstion)ds.
od III	9 BIRTHPLACE (State or country) Varlesburg, Rema	Contributory Secondary (Durstion)
Very	FATHER BRUGAINEN Whole	(Signed) M. D.
0	II BIRTHPLACE	CC1 /8 193 . (Address) 8 5 / 2 4 co. Gara, Relieux 4
	Z (State or country) Cel Lesburg Pa	*State the Discate Causiag Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER ROLL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
3	13 BIRTHPLACE OF MOTHER	At place In the
3	(State or Country)	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) L. K. Warren	usual residence
1000	(Address) 815- Flower Cler.	Washington, DC. 10/18, 1921
0	15 Filed Got 18 1931 HE Lugere Registras	DOWALL WALLES Washington
		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as  $\mu ay$  laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. household only (not paid Housekeepers who receive a worked on may form part of the second statement. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on intercurrent) Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

¹ PLACE OF DEATH 12	STATE OF MARYLAND
County Monty,	CERTIFICATE OF DEATH
	Registration Dist. No. 212
Village or City llney (No. Monty.	Ward) (If death occurred is a hospital or institution, give its NAME is stend of street an
2FULL NAME Jathbruse Viola	(Vayland number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH (Dech 20 , 1921
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Jet. 5, 1888	10 4 2 4
(Month) (Day) (Year)	
7 AGE   If LESS than   I dayhrs.	
1 4 3 yrs. mos. 13 ds. or min.?	7.
B OCCUPATION (a) Trade, profession or	Tast if Lever
particular kind of work	A
(b) General nature of industry business, or establishment in	18
which employed or (employer)	(Durstion) yes, Lamos de
9 BIRTHPLACE (State or country)	Contributory Secondary  Duration Tree Tree Tree Tree Tree Tree Tree Tre
1D NAME OF FATHER &	(Signed) A B M. E
II BIRTHPLACE	1922 (Address)
Z (State or country) Pa. Pa	*State the I iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Iajury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Reference	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients ( Recent Residents) At place
OF MOTHER (State or country)	of dea' yrsmos. 2 ds, Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Mashington Brook M
(Informant) Resh Walley	Former or usual residence
(Address) Van T. C.	Respoille mil. oct 22. 198/
15 Filed Oct 21 19031 CSBarroley Registrar	20 UN JERTAKER Lather Southersburg
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-"," etc., without more process. The duties of the report specifically the occupations of persons enor At Home, and children, For many occupations a yrs). For persons who have no occupation If the occupation has been changed single word or term on not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association. approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bro shopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Chronic etc. The contributory valvular heart Always qualify all disease;

PLACE OF DEATH County	12124 STATE OF MARYLAND CERTIFICATE OF DEATH
D 1 11	Registration Dist. No. 213
Village or City Rockwill (No.	St.: Ward) (If death occurr a hospital or in tion, give its NAM
2FULL NAME & Sauce Col	rrt Weddle stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 19 (Month) 19 (Day) (Ye
Sept 12, 1929	HEREBY CERTIFY, That I attended the deceased
(Math) (Day) (Year) 7 AGE [If LESS that	that I last saw have alive on Office 19
2 yrs. 0 mos. 20 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Broacho Premmonia
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yes mos
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration)  yrg
10 NAME OF FATHER DRUGADLE	(Signed) C7 Hawks
of Father (State or country) Marylay	*State the Disease Causing Desth, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.
of MOTHER Ellen n. Weddle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions,
13 BIRTHPLACE OF MOTHER (State of Country) Mary Cand	At place of deathyrsmosds. In the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
(Informant) W. WEddle	Former or usual residence
(Address) Pockville md.	Pockerlle Worse. Oct 211, 1
15 Filed 10-20 1931 Mrs. W.J. Roell Registral	20 UNDERTAKER ADDRESS  ADDRESS  ADDRESS  Rockeril

(Approved by U. S. Census end American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Civil engineer, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, worked on may form part of the second statement. Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery:
man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, As examples: (a)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) Chronic Example: Measles (disease etc. The contributory affection valvular heart need not be Measles;

PLACE OF DEATH STATE OF MARYLAND County Montg oniers CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, giva ite NAME instead of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE BINDING OR DIVORCED ......(Month) (Day) (Year 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceasad from (Day) (Year) 7 AGE If LESS than and that death occurred on the data stated above, at. I day hrs. Tha CAUSE OF DEATH * was as follows: B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Sacondary (State or country) 10 NAME OF FATHER II BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (1) Means of injury and Accidental, Suicidal or Homicidal. RENT (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Racent Residents) 13 BIRTHPLACE In the OF MOTHER (State or Country) 00 Where was disesse contracted, if not at place of death?...... shoul Every item CIANS sho statement Former or usual residence If more branks are neaded, address Stata Registrar, 16 W. Saratoga St., Balto., Requasting V.

(Approved by U. S. Census and American Public Health Association.)

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